

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
Bureau of Health Care Eligibility
1 West Wilson Street
PO Box 309
Madison WI 53701-0309

TO: Medicaid Handbook Holders

FROM: Cheryl McIlquham, Director
Bureau of Health Care Eligibility

RE: Medicaid Handbook Release 02-04

DATE: October 1, 2002

EFFECTIVE DATE

Release and effective dates are on each page in the upper left-hand corner. The first is the release date; the second is the effective date. Policy changes are noted with a vertical line. Deletions are noted with a horizontal line.

Implement the instructions at application, review, and change, or, if you wish, earlier. If there is a different effective date or implementation schedule, it will be noted below.

The following changes are included in this release:

CHANGES

Earned Income Unit,
15.5.9

The information on how to treat income for those under age 19 was clarified. Disregard the earned income for dependent 18-year-olds and those under age 19 who are a:

- Full-time student, or
- Part-time student working less than 30 hours per week.

2.3.0

If you receive a "Provider Certification of Emergency Form" at the time of an emergency services application, determine the client's eligibility for emergency services. Do not determine if an emergency exists.

2.3.2

Certify any eligible pregnant non-qualifying alien for emergency services through the 60th day following the delivery of her child if she has applied in the month prior to her due date or after the delivery of her child.

Deny eligibility for a pregnant woman that applies prior to the month before her due date if a service has not been provided.

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- 5.1.1 The Social Security Administration (SSA) Substantial Gainful Activity (SGA) amount increased from \$740 to \$780 effective 01/01/02.
- 6.7.3.3 Instructions on how to treat the income of an 18-year-old were replaced with a reference to 15.5.9
- 7.4.0 The list of those that are exempt from medical support liability (MSL) cooperation was moved to 7.4.2.
- 7.4.2 Applicants for Family Medicaid (MA) and Elderly, Blind and Disabled (EBD) MA should be sanctioned if they do not cooperate with medical support liability requirements.
- The list of those individuals that should not be sanctioned was moved from 7.4.0.
- An example involving an individual that would be non-financially ineligible for both Family and EBD MA if she failed to cooperate with medical support liability was added to clarify this issue.
- 10.7.0, 25.9.2.1, 25.9.2.2, 33.4.2 A reference to the \$65 and ½ earned income disregard (15.3.6) was added.
- 11.5.3.1 The Life Insurance Funded Burial Contract (LIFBC) policy was revised to more closely match Ops Memo 02-36.
- 11.7.21 Do not count a retirement benefit as an available asset when the client is receiving periodic payments from the retirement benefit. Consider the payments received as income in the month received.
- If the client has more than one retirement account, consider each account separately when determining if it is an available asset.
- 12.6.2 A reference to the \$90 work-related expense (15.3.5) was added.
- 12.8.1.3, 12.8.3 Any reference to the Firstar Lockbox was replaced with the BadgerCare Lockbox.
- 12.8.2.1, 12.8.2.4 BadgerCare (BC) cases in which the only BC eligible individuals are Native American or Alaskan Native children will have no premium obligation.
- Corrected premium coupons will be sent for future benefit months for those identified as having a reduced premium.
- 15.3.5 The \$90 earned income disregard was added.
- 15.3.6 Information on how to calculate the \$65 ½ earned income disregard was added.

- 15.4.4 Consider the payments received from a retirement benefit as income in the month received. Do not count a retirement benefit as an available asset when the client is receiving periodic payments from the retirement benefit.
- If the client has more than one retirement account, consider each account separately when determining if it is an available asset.
- 24.4.1 A statement was added indicating that the federal regulations require that MA provide transportation to MA services.
- 24.4.1.1 Information on ambulance transportation was added.
- 24.4.1.2 A statement requiring restraints in each specialized medical vehicle (SMV) was removed.
- 24.4.1.3 The county may delegate common carrier authorization to another agency (county, tribal or local) provided the client is assured transportation to MA covered services.
- The section on non-certified providers was removed.
- Reimbursement**
- The reimbursement section was rearranged to more clearly outline the process.
- Public carriers can be reimbursed directly, or the client can pay the public carrier directly and be reimbursed by the Economic Support Agency (ESA).
- Only expenses for one attendant may be reimbursable unless medical necessity warrants an additional attendant. If an additional attendant is needed, documentation needs to be provided by an appropriate health care professional.
- The description of what constitutes an attendant was clarified.
- Transportation Waiver**
- It was clarified that a request for transportation expenses is denied, not that a reimbursement is denied.
- The address for the transportation analyst was updated.
- 24.5.0 Specialized medical vehicle services were removed from the list of those items that are exempt from co-payments. SMV services require a co-payment.
- 29.1.0 Qualified Medicare Beneficiaries (QMB) and SeniorCare (SC) were added to the list of the exceptions to the first of the month begin date policy.

QMB eligibility begins on the first of the month after the month in which the person is determined to be eligible.

SC eligibility begins the first of the month following the month in which all eligibility requirements have been met.

- 29.1.1 The backdate information was moved from the list in 29.1.0 to 29.1.1.
- The information pertaining to backdates was clarified, and an example was added. Backdates can be requested at any time, unless the backdate period would have resulted in a deductible. Unless a six-month deductible period can be established, do not backdate a case in which the client would have only been eligible for a deductible.
- 29.1.1.3, 29.1.1.4 QMB and SC were added as subprograms of MA that cannot be backdated.
- 29.4.1 An explanation of “grace month” was added, as well as an explanation of the subprograms in which a grace month will be applied.
- 30.1.0 The \$65 ½ earned income disregard table has been removed and replaced with a description of how to calculate this disregard in 15.3.6.
- 32.5.2.3 The reference to court ordered payments was updated to 15.3.2.1.
- The reference to out of pocket medical/remedial expenses was updated to 15.3.3
- The reference to the health insurance monthly premium amount was updated to 25.9.2.4.
- 33.5.1 The term Standard Maintenance Allowance was replaced with Standard Living Allowance (SLA) to coincide with the information in 30.5.1.
- 38.3.3 When good cause is claimed for third party liability (TPL) cooperation, determine if the claim is good cause and document the decision in case comments. There is no need to use the Good Cause Claim form (DES 2019) for good cause claimed for TPL.
- 38.11.0 The “Third Party Liability Subsystem” information from the EDS Quick Reference Guide was updated.
- 38.12.0 The sample TPL Segment End Date Report was replaced with a more readable copy.

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40.2.0	Applicants for Family Medicaid (MA) and Elderly, Blind and Disabled (EBD) MA should be sanctioned if they do not cooperate with child support. An example was added to clarify this policy.
41.1.0, 41.7.0, 41.9.0, 41.9.2, 41.9.3, 41.9.3.2, 41.16.0	The term “cost sharing levels” was replaced with “participation levels.”
41.1.0	Although SeniorCare (SC) is a MA subprogram, use only the sections referenced in Appendix 41.0.0 in regard to SC policy.
41.2.1	A valid SC application must include the applicant’s name, address and signature in Section VI of the SeniorCare Application Form (HCF 10076).
41.2.2	The applicant or his/her guardian, authorized representative, or power of attorney must sign Section VI of HCF 10076.
41.2.2.1	The section of HCF 10076 that a witness must sign was added.
41.2.3	The section of HCF 10076 that an authorized representative must complete was added.
41.2.4	Section V of HCF 10076 does not need to be completed by the applicant if a guardian or power of attorney is applying on the applicant’s behalf.
41.3.0	MA clients that are receiving TB-related MA may also receive SC benefits. References for Family Care non-MA and unmet MA deductibles were added.
41.6.1	An asset that has been converted to cash should not be treated as income. The cash that is received is only another form of asset. An example was added to clarify the policy regarding assets that are converted to cash.
41.6.2.1	Retirement benefits are considered assets for SC unless periodic payments are being received from the retirement account. Count period payments received from a retirement account as income in the month received. A withdrawal of the full amount is not considered a partial payment.
41.9.2.1	The example in this section was expanded to describe the process that occurs when a married couple applies for SC and one individual is not yet 65 years of age. If that individual is also

applying for SC and is 64 years of age, s/he will initially be denied. CARES will process the application at batch if the person is on an open SC case and the individual has requested SC.

41.6.0 The lists of SC benefits that are allowed and those that are not allowed were revised.

Worksheets, WKST 14 The AFDC-Related Determination Worksheet has been added.

WKST 13 The FFU Income Worksheet was revised to include a field for entering the FFU size as described in the instructions. The instructions in Line 19 were added to correspond to this field.

Line 15 was revised to indicate that the net income on Line 13 should be divided by the total number of people the person in that column is legally responsible for.

Line 16 was clarified so that the amount determined in Line 15 is listed in the column for each person for whom the person is legally responsible.

The reference to the FFU size was removed from Line 20.

Handbook Maintenance

1. Earned Income Unit: Replace page 1 with the new page.
2. Appendix Table of Contents: Replace pages 5 & 6, 13 & 14, 19 - 22, and 27 - 32 with the new pages.
3. Appendix 2.0.0: Replace pages 3 - 6 with pages 3 - 7.
4. Appendix 5.0.0: Replace pages 1 & 2 with the new pages.
5. Appendix 6.0.0: Replace page 19 with the new page.
6. Appendix 7.0.0: Remove the current appendix and replace with the new one.
7. Appendix 10.0.0: Replace pages 5 & 6 with the new pages.
8. Appendix 11.0.0: Replace pages 5 - 8 with the new pages, and 21 - 26 with pages 21 - 27.
9. Appendix 12.0.0: Replace pages 11 - 22 with the new pages.
10. Appendix 15.0.0: Replace pages 15 - 23 with pages 15 - 24.
11. Appendix 24.0.0: Replace pages 3 - 14 with pages 3 - 15.

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12. Appendix 25.0.0: Replace pages 5 - 8 with the new pages.
13. Appendix 27.0.0: Replace pages 3 & 4 with the new pages.
14. Appendix 29.0.0: Remove the current appendix and replace with the new one.
15. Appendix 30.0.0: Remove 30.1.0.
16. Appendix 32.0.0: Replace pages 3 - 6 with the new pages.
17. Appendix 33.0.0: Replace pages 7 & 8 with the new pages.
18. Appendix 38.0.0: Remove the current appendix and replace with the new one.
19. Appendix 40.0.0: Replace page 3 & 4 with the new pages.
20. Appendix 41.0.0: Remove the current appendix and replace with the new one.
21. Worksheets: Remove page 1 and replace with the new one. Replace WKST 13 with the new one. Add WKST 14 after WKST 13.